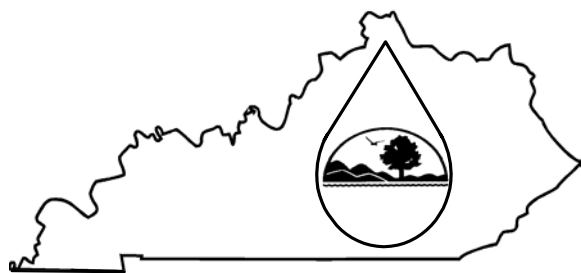


# FORM NOI-WTP



## KENTUCKY POLLUTION DISCHARGE ELIMINATION SYSTEM (KPDES)

### Notice of Intent (NOI) for Water Treatment Plants (WTPs)

This is an application for:

- ☐ New Permit Coverage.  
☐ Renewal of permit coverage. Permit Number:  
☐ A facility change requiring an updated NOI.

For Agency Use	Permit No. (Leave Blank)	K	Y	G	6	4				
For Agency Use	AI ID (Leave Blank)									

#### SECTION I – PERMITTEE INFORMATION

Applicant Name:	
Mailing Address:	
City, State, Zip Code:	
Contact Name:	
Contact Phone Number:	

#### SECTION II – GENERAL FACILITY INFORMATION

**Attach a USGS 7.5-minute quadrangle topographic map or copy with the facility site and discharge location clearly marked. USGS maps may be obtained from the University of Kentucky, Mines and Mineral Bldg. Room 106, Lexington, Kentucky 40506. Phone (859) 257-3896.**

WTP Name:			
Physical Address:			
City, State, Zip Code:			
County:			
WTP Latitude (d/m/s):		WTP Longitude (d/m/s):	
Design Capacity (mgd):		Average Production (mgd):	
WTP Raw Water Intake Source:			
Permitted Withdrawal Volume (mgd):			
WTP Type (conventional, reverse osmosis, ion exchange, etc.):			
Raw Water Additives:			
Finished Water Additives:			

**SECTION III – DISCHARGE DESCRIPTION**

Wastewater Type:			
Wastewater Flow Rate (gpd):		Number of Outfalls:	
Outfall Latitude (d/m/s/):		Outfall Longitude (d/m/s):	
Wastewater Treatment:			
Receiving Water Body:			
Nearest downstream public water supply:			
Distance to nearest downstream public water supply:			
Stream Segment Use Designation:			
Stream Segment Antidegradation Categorization:			

**SECTION IV – DISCHARGE MONITORING REPORT (DMR) INFORMATION**

**General permit holders are required to submit DMRs to the Division on a regular basis. This section identifies where preprinted DMRs are to be sent. Complete only if address is different from the address shown in Section I.**

Mailing Name:	
Mailing Address:	
City, State, Zip Code:	
DMR Contact Name:	
Contact Phone Number:	

**SECTION V – CERTIFICATION**

**I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.**

Name:		Official Title:	
Signature:		Date:	
		Phone:	

## KPDES FORM NOI-WTP INSTRUCTIONS

Please be sure to indicate the purpose of the application by checking the appropriate box on the top left portion of the form. If the facility does not have a KPDES permit, then check new permit coverage. If the facility has a KPDES permit, then check renewal of permit coverage and indicate the permit number. Check the last box if the NOI is being submitted because of a facility change.

### SECTION I - PERMITTEE INFORMATION

**Applicant Name:** Name of the entity requesting the permit.

**Mailing Address, City, State, Zip Code:** Mailing address of the entity requesting the permit.

**Contact Name, Phone Number:** Person responsible for the operation.

### SECTION II - GENERAL FACILITY INFORMATION

**WTP Name:** Name of the WTP.

**Physical Address, City, State, Zip Code:** Location address (not a P.O. Box) of the WTP.

**County:** County in which the facility is primarily located.

**WTP Latitude/Longitude:** Latitude and longitude of the WTP.

**Design Capacity and Average Production:** Finished water design capacity of the WTP and the average production rate of finished water over the previous 12 months.

**WTP Raw Water Intake Source:** If a surface water body is used as a raw water source, please indicate the name of the surface water body where the intake is located. If water wells are used as a raw water source, indicate so.

**Permitted Withdrawal Volume:** Amount of water the facility is authorized to withdraw from the raw water source.

**WTP Type:** Treatment process the WTP uses for finished water production. Conventional WTPs are defined as those WTPs that use flocculation, clarification, filtration and disinfection.

**Raw Water Additives:** Raw water additives that are used by the WTP for primary flocculation or to aid in flocculation, regulate pH, promote precipitation, etc.

**Finished Water Additives:** Finished water additives that are used by the WTP for disinfection or to prevent corrosion, minimize color, control odor, improve taste, etc.

### SECTION III - DISCHARGE DESCRIPTION

**Wastewater Type:** Description of wastewaters generated by plant operations that are discharged through a designated outfall. Include all wastewater discharges associated with the production of finished drinking water.

**Wastewater Flow Rate and Number of Outfalls:** Average wastewater flow rate in gallons per day over the previous 12 months and the number of outfalls (discharge points) present. For new facilities, use design flow estimates.

**Outfall Latitude/Longitude:** Latitude and longitude of the wastewater discharge. This is the location where wastewater samples should be taken.

**Wastewater Treatment:** Treatment that is provided to generated wastewaters prior to discharge such as sedimentation, equalization, belt filtration, dechlorination, aeration, etc.

**Receiving Water Body:** Name of the water body that the discharge enters. For unnamed water bodies, use Unnamed Tributary (UT) followed by the closest down stream named water body (i.e. UT to Kentucky River).

**Nearest downstream public water supply:** Name of the city or town where the first public drinking water intake downstream from the discharge location occurs.

**Distance to nearest downstream public water supply:** Distance, in stream miles, to the first public drinking water intake downstream from the discharge location.

**Stream Segment Use Designation:** Receiving stream use, at the point of discharge, as listed in 401 KAR 10:026, Section 5. Designations include Warm Water Aquatic Habitat (WAH), Cold Water Aquatic Habitat (CAW), Primary Contact Recreation (PCR), Secondary Contact Recreation (SCR), Domestic Water Supply (DWS) and Outstanding State Resource Water (OSRW). Designations are available at <http://www.lrc.state.ky.us/kar/title401.htm>. Surface waters not listed are assumed to be WAH, PCR, SCR and DWS.

**Stream Segment Antidegradation Categorization:** Receiving stream antidegradation categorization, at the point of discharge, as listed in 401 KAR 10:030, Section 1. Categorizations include Impaired Water, High Quality Water, Exceptional Water (EW) and Outstanding National Resource Water (ONRW). Categorizations are available at <http://www.lrc.state.ky/kar/titla401.htm>. Surface waters not listed as ONRW, EW or Impaired are assumed to be High Quality.

To determine if a receiving stream is Impaired, use the following web sites:

<http://water.ky.gov/sw/tmdl/303d.htm> and <http://water.ky.gov/sw/swmonitor/305b.htm>

#### **SECTION IV - DISCHARGE MONITORING REPORTS (DMRs)**

**Mailing Name:** Name of the entity requesting the DNRs.

**Mailing Address, City, State, Zip Code:** Mailing address of the entity requesting the DMRs.

**DMR Contact Name, Phone Number:** Person responsible for completing the DMRs.

#### **SECTION V - CERTIFICATION**

The permit application must be signed as follows:

Corporation: by a principal executive officer at least of the vice president level  
Partnership or Sole Proprietorship: by a general partner or the proprietor.

A complete general permit application consists of Form NOI-WTP and a United States Geological Survey (USGS) 7.5-minute quadrangle topographic map with the site and discharge location marked.

Submit general permit applications to the Division of Water at the following address:

Division of Water  
Surface Water Permits Branch  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601